

Please type a plus sign (+) inside this box  $\rightarrow$  [+]

| <u> </u>                                             | The state of the s |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Patent and Trad                    | pproved for use through 10/31/200<br>emark Office: U.S. DEPARTMEN             | 2. OMB 0651-0032<br>T OF COMMERCE |  |
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|                                                      | UTILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 8622                               | minute uness it unpays a valid                                                | ALD COMEON MANDEN                 |  |
| PA1                                                  | TENT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                    | as James Klofta                                                               |                                   |  |
| • 0                                                  | TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | The Procte                         | r & Gamble Comp                                                               | pany                              |  |
| (Only for nev                                        | v nonprovisional applications under 37 CFR<br>1.53(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Skin from E                        |                                                                               |                                   |  |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Express                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mail I at |                                    | EE8299127                                                                     | 96US                              |  |
| See MPEP Ch                                          | APPLICATION ELEMENTS<br>apter 600 concerning utility patent application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Comn                               | atent Application                                                             |                                   |  |
| (Subm                                                | it an original, and a duplicate for fee processi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ng)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | Compute                            | er Program (Append                                                            | dix) 🙎                            |  |
| (see                                                 | 37 CFR §1.27)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | if applicable, all I               | necessary)                                                                    |                                   |  |
| (prefer                                              | red arrangement set forth below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | <ul> <li>b. Specificati</li> </ul> | on Sequence Listing                                                           | on: 🖘 🍣                           |  |
| - Cros                                               | ss References to Related Applications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                    |                                                                               | 65                                |  |
|                                                      | PATENT APPLICATION TRANSMITTAL  y for new nonprovisional applications under 37 CFR 1.53(b)  The Procter & Gamble Company  Assignee  The Procter & Gamble Company  Assignee  The Procter & Gamble Company  Skin from Body Fluids and Articles Made  Therefrom  Express Mail Label No.  EE829912796US  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent application contents.  APPLICATION ELEMENTS  PEP Chapter 800 concerning untilty patent applicate, argue table or Cormputer Program (Appendix)  Pep Computer Readable Form (CRF)  Benefit 800 patent Application (Applicable)  Per Statement 400 patent 800 patent Application (Applicable)  Benefit 800 patent Application (Applicable)  Per Statement 800 patent Application (Applicable)  Paper 900 patent 800  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                    |                                                                               |                                   |  |
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| - Bacl                                               | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>  |                                    |                                                                               |                                   |  |
| - Brie                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         |                                    |                                                                               |                                   |  |
| - Deta                                               | ailed Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ### Department of the Invention of the I |           |                                    |                                                                               |                                   |  |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11.       | [] English Tr                      | ansiation Documen                                                             | rt (if applicable)                |  |
| [x] Drawi                                            | ng(s) (35 USC §113) Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | [1]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12.       |                                    |                                                                               |                                   |  |
| Dath or D                                            | eclaration Total pages [2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13.       | Prelimina                          | ry Amendment                                                                  |                                   |  |
|                                                      | b. Copy from a prior application (37 CFR §1.63(d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | (Should be specifically itemized)  |                                                                               |                                   |  |
| 1                                                    | (for continuation/divisional with Box 18 con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nplete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15.       | [] Certified (                     | Copy of Priority Doc<br>priority is claimed)                                  | ument(s)                          |  |
| l.                                                   | Signed statement attached deleting inver<br>named in the prior application,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ntor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | 122(b)(2)(i<br>PTO/SB/3            | 3)(i). Applicant mus<br>5 or its equivalent.                                  |                                   |  |
| 6. [] Applica                                        | ation Data Sheet. See 37 CFR §1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                    |                                                                               |                                   |  |
|                                                      | in an Application Data Sheet under 37 CFR §                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.76:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                    |                                                                               |                                   |  |
| Prior applicati<br>for CONTINUAT<br>s considered a p | on information: Examiner: FION OR DIVISIONAL APPS only: The entire di part of the disclosure of the accompanying contir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sclosure of the<br>nuation or divisi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | prior app | lication, from which               | Group/Art Unit:<br>th an oath or declaration is<br>aby incorporated by refere | s supplied under Box 5b           |  |
| an only be relie                                     | d upon when a portion has been inadvertently or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mitted from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | submitte  | d application parts                | 3                                                                             |                                   |  |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INESPUND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LINCE     | ADUNESS                            |                                                                               |                                   |  |
| VAME                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                    |                                                                               |                                   |  |
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| ADDRESS                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CTATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10        |                                    | ZIR CODE                                                                      | 45040                             |  |
| COUNTRY                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                    |                                                                               |                                   |  |
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Name (PrinVType)

Caroline Wei-Berk

Registration No. (Attorney/Agent)

45,203

Signature

Supera Hour Statement: This light is earlinesed to take to 2 hours to corridate. Trifle will very depending upon the needs of the individual case. Any dimmerful on the amount of time.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any dymments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETE FORMS TO THIS ADDRESS, SRND TO: Commissioner for patents for Vigilation, Washington, D.C. 20231.

PTO/SB/17 (10/00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| Patent fe | ees are subj | ect to annual i | evision. |

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TOTAL AMOUNT OF PAYMENT

| Complete if Known    |                     |  |
|----------------------|---------------------|--|
| Application Number   |                     |  |
| Confirmation Number  |                     |  |
| Filing Date          | July 3, 2001        |  |
| First Named Inventor | Thomas James Kiofta |  |
| Examiner Name        |                     |  |
| Group/Art Unit       |                     |  |
| Attorney Docket No   | 8622                |  |

| METHOD OF PAYMENT (check one)                                     | FEE CALCULATION (continued)                                                                      |  |  |  |  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|--|--|--|
| The Commissioner is hereby authorized to charge indicated         | 3. ADDITIONAL FEES                                                                               |  |  |  |  |
| fees and credit any over payments to:                             | Code (\$) Fee Description Fee Paid                                                               |  |  |  |  |
| Deposit Account Number 16-2480                                    | 105 130 Surcharge-late filing fee or oath []                                                     |  |  |  |  |
| Deposit Account Name The Procter & Gamble Company                 | 127 50 Surcharge-late provisional filing fee or cover sheet []                                   |  |  |  |  |
| Charge Any Additional Fee Required Under status. See 37 CFR §127  | 139 130 Non-English specification []                                                             |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                             | 147 2,520 For filing a request for ex parte reexamination []                                     |  |  |  |  |
| 143                                                               | 112 920* Requesting publication of SIR prior to                                                  |  |  |  |  |
|                                                                   | Examiner's action []                                                                             |  |  |  |  |
| FEE CALCULATION                                                   | 113 1,840* Requesting publication of SIR after Examiner's action                                 |  |  |  |  |
|                                                                   |                                                                                                  |  |  |  |  |
| 1. BASIC FILING FEE - Large Entity                                | 115 110 Extension for reply within 1st month [] 116 390 Extension for reply within 2nd month []  |  |  |  |  |
| (40)                                                              |                                                                                                  |  |  |  |  |
| Code (S) <u>Fee Description</u> <u>Fee Paid</u>                   | 117 890 Extension for reply within 3 <sup>rd</sup> month                                         |  |  |  |  |
| 101 710 Utility fliing fee 710                                    | 118 1,390 Extension for reply within 4 <sup>th</sup> month                                       |  |  |  |  |
| 105 320 Design filing fee []                                      | 128 1,890 Extension for reply within 5 <sup>th</sup> month                                       |  |  |  |  |
| 107 490 Plant filing fee                                          | 119 310 Notice of Appeal                                                                         |  |  |  |  |
| 168 710 Reissue filing fee []                                     | 120 310 Filling a brief in support of an appeal [] 121 270 Request for oral hearing []           |  |  |  |  |
| 114 150 Provisional filing fee []                                 |                                                                                                  |  |  |  |  |
| SUBTOTAL (1) (\$)710                                              |                                                                                                  |  |  |  |  |
|                                                                   |                                                                                                  |  |  |  |  |
| 2. EXTRA CLAIM FEES - Large Entity                                | 141 1,240 Petition to revive - unintentional                                                     |  |  |  |  |
| Extra Below Fee                                                   | 142 1,240 Utility issue fee (or reissue) [] 143 440 Design issue fee                             |  |  |  |  |
| Claims Fee Paid                                                   |                                                                                                  |  |  |  |  |
| Total Claims 20 - 20** = 0 x [] = []                              | u u                                                                                              |  |  |  |  |
| independent Claims 3 - 3** = 0 x [] = []                          | 122 130 Petitions to the Commissioner [] 123 50 Petitions related to provisional applications [] |  |  |  |  |
| Multiple Dependent                                                | 126 240 Submission of IDS per property                                                           |  |  |  |  |
| ** or number previously paid, if greater; For Reissues, see below | (times number of properties) []                                                                  |  |  |  |  |
| or manuscriptoriously para, in greater, i or moissues, see below  | 146 710 Filing a submission after final rejection                                                |  |  |  |  |
| Code (\$) Fee Description                                         | (37 CFR § 1.129(a))                                                                              |  |  |  |  |
| 103 18 Claims in excess of 20                                     | 149 710 For each additional invention to be                                                      |  |  |  |  |
| 102 80 Independent claims in excess of 3                          | examined (37 CFR §1.129(b)                                                                       |  |  |  |  |
| 104 270 Multiple dependent claim, if not paid                     | 179 710 Request for Continued Examination (RCE)                                                  |  |  |  |  |
| 109 80 **Reissue independent claims over original patent          | 169 710 Request for expedited examination                                                        |  |  |  |  |
| 110 18 "Reissue claims in excess of 20 & over original patent     | of a design application                                                                          |  |  |  |  |
|                                                                   | Other fee (specify)[]                                                                            |  |  |  |  |
|                                                                   | Other fee (specify)[]                                                                            |  |  |  |  |
| SUBTOTAL (2) (\$)0                                                | * Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$) []                                           |  |  |  |  |

| SUBMITTED BY      |                   |                                      |        | Complet   | Complete (if applicable) |  |
|-------------------|-------------------|--------------------------------------|--------|-----------|--------------------------|--|
| Name (Print/Type) | Caroline Wei-Berk | Registration No.<br>(Attorney/Agent) | 45,203 | Telephone | (513) 626-1139           |  |
| Signature         | Caroline Wei Be   | rk                                   |        | Date      | July 3,2001              |  |

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Burdent Hour Statistiment. This form is estimated to take city founds to comprides in time will vary depending upon the needed of the Individual case. Any comments on the Agricust of time you are required to complete this form should be sent to the Orbital Information Officer, Plaint and Traderrank Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPRESSION FORMS TO 1118 ADDRESS. SEND TO: Commissioned for Plastine, Washington, D.C. 20231.